

NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT#	WAIVER(S) (DEP ONLY)	POSTMARK (DEP USE ONLY)	DATE RECEIVED	NOTIFICATION #
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20160219.38452

I. TYPE OF NOTIFICATION (O=ORIGINAL, R=REVISED, C=CANCELLED): Original					WPR Notice?		
II. FACILITY INFORMATION (IDENTIFY OWNER, REMOVAL CONTRACTOR, AND OTHER OPERATOR)							
OWNER NAME: SUNY Oneonta							
ADDRESS: 108 Ravine Pkwy							
CITY: Oneonta		STATE: NY		ZIP: 13820			
CONTACT: Roger Bramer				TEL: (315)736-0789			
REMOVAL CONTRACTOR: Two Brothers Contracting Inc.							
ADDRESS: P.O. Box 248							
CITY: Westmoreland		STATE: New York		ZIP: 13490			
CONTACT: David Coonradt				TEL: 315-736-5288			
OTHER OPERATOR: N/A							
ADDRESS:							
CITY:		STATE:		ZIP:			
CONTACT:				TEL:			
III. TYPE OF OPERATION (D=DEMO, O=ORDERED DEMO, R=RENOVATION, E=EMER. RENOVATION): R							
IV. IS ASBESTOS PRESENT? (YES/NO) YES							
V. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER, AND FLOOR OR ROOM NUMBER)							
BLDG. NAME: Auxiliary Services Bldg.							
ADDRESS: SUNY Oneonta							
CITY: Oneonta		STATE: NY		COUNTY: Otsego			
SITE LOCATION: thru-out							
BUILDING SIZE: Unknown		NUMBER OF FLOORS: 2		AGE IN YEARS: 50+			
PRESENT USE: School				PRIOR USE: School			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
Materials were tested by Owner							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM TO BE REMOVED		NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED		INDICATE UNIT OF MEASUREMENT BELOW	
1. REGULATED ACM TO BE REMOVED				CAT I		CAT II	
2. CATEGORY I ACM NOT REMOVED				UNIT			
3. CATEGORY II ACM NOT REMOVED				Ln Ft: X		Ln m:	
Pipe Insulation		Approx.345		X			
Mastic		Approx.100				Sq Ft:X	
		Approx.				Cu Ft: Cu m:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START: 4/4/16							
COMPLETE: 8/26/16							
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START: COMPLETE:							
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:							
TBC Contracted for Asbestos removal only							

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE.

Negative pressure enclosures, wet methods, decontamination units

XII. WASTE TRANSPORTER # 1

NAME: Two Brothers Contracting Inc.

ADDRESS: P.O. Box 248

CITY: Westmoreland

STATE: NY

ZIP: 13490

CONTACT: David Coonradt

TEL. 315-736-5288

WASTE TRANSPORTER # 2

NAME :

ADDRESS:

CITY:

STATE:

ZIP:

CONTACT:

TEL.

XIII. WASTE DISPOSAL SITE

NAME: Seneca Meadows Landfill

ADDRESS: 1786 Salcman Road

CITY: Waterloo

STATE: NY

ZIP: 13165

TEL. (315)539-5624

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

NAME:

TITLE:

AUTHORITY:

DATE OF ORDER (MM/DD/YY)

DATE ORDERED TO BEGIN (MM/DD/YY)

XV. FOR EMERGENCY RENOVATIONS

DATE AND HOUR OF EMERGENCY (MM/DD/YY)

DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT:

EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER.

Wet removal / Negative pressure / Contain area / Test material

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61, SUBPART M WILL BE ON-SITE DURING THE DEMOLITON OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

2/11/16

(DATE)



(SIGNATURE OF OWNER/OPERATOR)

David Coonradt

T **US EPA Region II**
O **Asbestos Notifications**
290 Broadway- 21st Floor
NEW YORK, NY 10007

JOB NO.: 2016-007	DATE: 02/11/16
ATTENTION: Asbestos Notifications	
RE: SUNY Oneonta-Auxiliary Bldg.	

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Thank You!

SIGNATURE: _____

Meagan Hartmann-Administrative Assistant